

1st Ind

QMGMT 293

Unknown X-828

(St Avoild) France *MB*

SUBJECT: Certificate of Unidentifiability of Remains
Transmittal Letter # 4936

Dept. of the Army, OQMG, Washington 25, D. C., 9 February 1951

TO: Commanding Officer, 7887 Graves Registration Detachment,
APO 757, c/o Postmaster, New York, New York

This Office approves the classification of Unknown X-828 St. Avoild,
France, as unidentifiable.

FOR THE QUARTERMASTER GENERAL:

1 Incl - w/d

THOMAS E. COX
Capt OMC
Memorial Division

JMM

M. Martin:cam *mm*
Foy *mm*
cc—Administrative Section

FEB 12 11 26 AM '51

O Q M G
MAIL & RECORDS BRANCH

HEADQUARTERS
7887 GRAVES REGISTRATION DETACHMENT
REGISTRATION DIVISION
APO 757 (Liege) US ARMY

GRRE 200.2

26 May 1950

SUBJECT: Certificate of Unidentifiability of Remains
Transmittal Letter # 4926

TO: The Quartermaster General
Washington 25, D. C.
ATTENTION: Memorial Division

In compliance with letter, your office, QMGMT 293, GRS European,
Subject: Final Resolution of Unknown Deceased, dated 29 July 1948, for-
warded herewith is one (1) certificate pertaining to the following uniden-
tifiable remains:

<u>Unknown No.</u>	<u>Cemetery</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
X-828	St. Avold	YY	8	85

FOR THE COMMANDING OFFICER:

1 Incl
Certificate of
Unidentifiability

C. W. STEINSIEK
Capt, QMC
Registration Division

Basic ltr, Dept of the Army, OQMG, QMGMT 293, Unknown X-828 (St Avold),
Subject: Identification of World War II Deceased, dated 27 June 1950

GROP 200.2 - (C-352-F)

1st Ind

Hq, 7887 Graves Registration Detachment, Operations Division, APO 757,
(Liege), U S Army, 13 September 1950

TO: The Quartermaster General, Washington 25, D. C.
ATTENTION: Memorial Division

Reference basic communication, forwarded herewith is QMC Form
1044, dated 8 September 1950, pertaining to the remains designated as
Unknown X-828, USMC St Avold, Plot A, Row 26, Grave 41.

FOR THE COMMANDING OFFICER:

C. W. Steinsiek

C. W. STEINSIEK
Capt, QMC
Operations Division

1 Incl

QMC Form 1044
(X-828) w/d
Ident. 31.
mcc

293 2nd. St Avold X-828

MR

File - NAT
12 Feb. 51
M. Martini
Ed. Lee

AIRMAIL

DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO QMGM 293
Unk X-828
(St. Avold) France

27 June 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
7887 Graves Registration Detachment
APO 757, c/o Postmaster
New York, New York

1. Reference is made to Certificate of Unidentifiability for Unknown X-828, St. Avold, forwarded by Transmittal Letter #4936 dated 26 May 1950.
2. It is requested that the remains of X-828 be reprocessed in accordance with paragraph 153b, SR 830-110-5.
3. Certificate of Unidentifiability is suspended pending receipt of reports.

FOR THE QUARTERMASTER GENERAL:

Robert G. Lay
ROBERT G. LAY
Capt QMC
Memorial Division



18 JUN 1950

AIRMAIL

K
293 Unk France (St Avoild) X-828

QMMT 293
Unk X-828
(St. Avoild) France

27 June 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
7887 Graves Registration Detachment
APO 757, c/o Postmaster
New York, New York

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FOR THE QUARTERMASTER GENERAL:

ROBERT G. LAY
Capt QMC
Memorial Division

JMN

REB

Handwritten: Schroth; can
Clements
Handwritten: [unclear]
Handwritten: [unclear]



AIRMAIL

EO 3379 *Priority*

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-828				2. DATE OF REPORT 6 Sept 50	
3. NAME OF CEMETERY ST AVOLD		4. PLOT A	5. ROW 26	6. GRAVE 41	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED SEX Age 20/25	9. ESTIMATED HEIGHT 6' 2"	10. COLOR OF HAIR None found	11. RACE
---	-------------------------------------	--	----------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Embossed plate

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None

14. WAS BODY BURNED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Slightly
---	------------------------------------

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? See Skeletal chart.
--	---

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None found.

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None

Incl

19. Black out parts of body not recovered

(SEE ATTACHED SKELETAL CHART)

20. **MASS BURIAL CERTIFICATE (IF APPLICABLE)**
(Wherein segregation in whole or parts is impossible)

I certify that the group remains consist of parts of _____ decedents based on the presence of one or more of the following anatomical parts:

Signature of Medical Officer

21. Remarks and additional information

Small amount of flesh in final stage of decomposition
Teeth found with remainssee (See tooth chart)

EST AGE.
EST HGT.
TECH.

20/25
6' 2"

Tompkins

CLERK.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

Typed Name, Grade, Arm or Service and
Organization

Signature

CR Tompkins

SKELETAL CHART

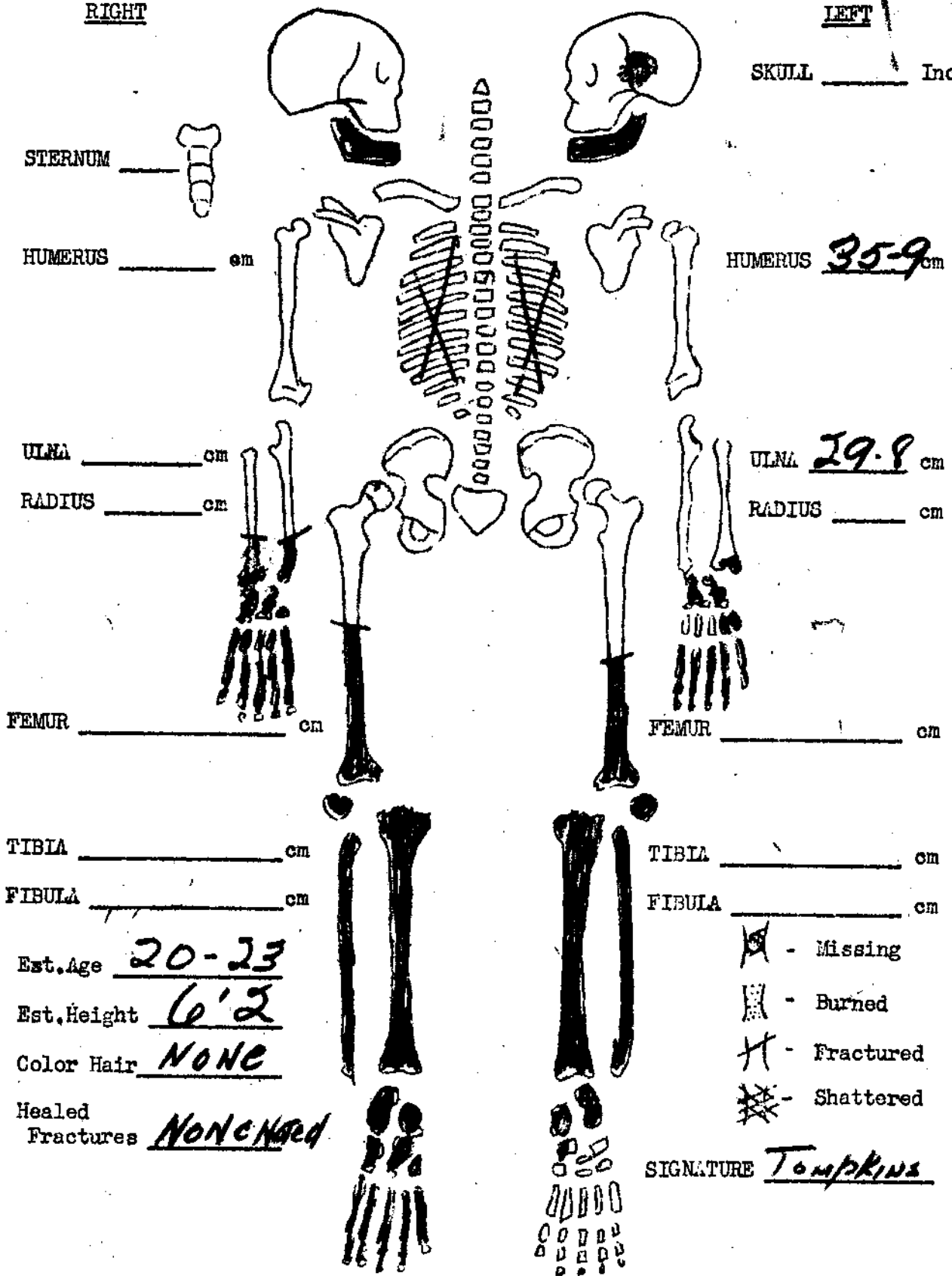
X 828

CHART "A-1"

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



SKULL _____ Inc

STERNUM _____

HUMERUS _____ cm

HUMERUS 35.9 cm

ULNA _____ cm

ULNA 29.8 cm

RADIUS _____ cm

RADIUS _____ cm

FEMUR _____ cm

FEMUR _____ cm

TIBIA _____ cm

TIBIA _____ cm

FIBULA _____ cm

FIBULA _____ cm

Est. Age 20-23

Est. Height 6'2

Color Hair NONE

Healed Fractures NONE NOTED

~~X~~ - Missing

~~|~~ - Burned

~~+~~ - Fractured

~~*~~ - Shattered

SIGNATURE Tompkins

TOOTH CHART

X-828
 St. AUGUSTINE A-26-41(Poc)
 E.O.-3379

8 Sept 50
 Date

Last Name	First	Initial	Grade	Serial No.
Unit			Organization	
Place of Death		Date of Death		Cause of Death

	Right								Left							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	X	A O	X	A O	X		5 LM	Broken	X	X		X	A Dam	X	A O	X
Side views	[Dental chart showing side views of teeth with various markings]															
TOP VIEWS	[Dental chart showing top views of teeth, labeled UPPER and LOWER]															
Side Views	[Dental chart showing side views of teeth]															
	M A N D I B L E - M I S S I N G															
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

see Remarks

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

Harold D. Wheeler
 Signature of Officer or other person who prepared Teeth chart

Verified by G. R. C. Officer

MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



CARIES (CAVITIES). Outline location and size of cavity, shade in thus :



DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

ADDITIONAL SPACE FOR FURTHER REMARKS

Size average
Color dull ivory
Spaces R6, 4mm; R4, 8mm; R3-L1, 15mm; L4, 9mm; L6, 9mm.
L3 inclined mesially
L7 inclined mesially

DEPT ARMY COM CENTER
GREENWICH CIVIL TIME

QMC 158
293 UNK France (*St Avold*) X828
55261
1950 JUL 17 16 16

RR UEPC

IE UFKAE 25

R 171500Z

FM 7887 GRREG DET LIEGE

TO OQMG DEPTAR WASH DC
GRAVES GRNC

JUL 18 8 34 AM '50
O. O. W. S. S. S. S.
TELECOM SECTION

REF NR AGRC ONE EIGHT SEVEN EIGHT PD

FOR MEMORIAL DIVISION PD URLTR TWENTY SEVEN JUNE RE XRAY EIGHT TWO

EIGHT ST AVOLD CMA REPROCESSING OF REMAINS WITH AID OF ANTHROPOLOGIST

DIRECTED PD RESULTS WILL BE FWD APX TWENTY FIVE SEPTEMBER PD END SGD

BALLARD
2 17/1500Z

158

Mem (Ad) 2

1887 Graves Reg det
AGRC 1878
D.T.G. 171500Z
QMC
55261



MEMORIAL DIVISION
GREENWICH

JUL 18 1950

001200

293-UNK France (St Avold) X828

O.L. 4936 dtd 26 May 50

HEADQUARTERS
7887 GRAVES REGISTRATION DETACHMENT
REGISTRATION DIVISION
APO 757 (Large) US ARMY

943 unk St. Avoild X-828
GRRE 293 *ms*

Date: 23 May 1950

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 828, Plot YY, Row 8, Grave 85, USMC, St. Avoild, France have been reviewed in accordance with par 159, SR 830-110-5, DA, dated 3 March 1949, and it is the opinion of the Board of Review, appointed by par 3, SO No. 31, this headquarters, dated 28 March 1950, that sufficient evidence is not available to establish the identity of the deceased concerned, and it is recommended these remains be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office of The Quartermaster General, by Transmittal Letter No. 1769, dated 13 December 1945.

3. Remarks:

See Copy of Case History attached.

E. D. Mulvanity
Lt Col E. D. MULVANITY, O-359599, MC

James C. MacFarland
Maj James C. MacFARLAND, O-1576321, MC

Capt Edward F. PRICE, Jr., O-1588236, MC

1st Lt Gaylord E. LUTZ, O-1595665, MC

Ledore Goudreau
CWO Ledore GOUDREAU, 1-2113434

*Cert held in ID pending receipt of reprocessing reports.
AGRC 1878 states rpts will be furnished 25 Sept 50.*

*File - NAT
12 Feb 51
M. Martin
2d Sec.*

Received Tr Ltr 4936, 26 May 50
Not identifiable from information presently available
M. Martin
9 Feb 51

Incl

Unknown X-828

Stavold (POC)
Plot A, Row 26, Grave 41

CASE HISTORY

The remains of Unknown X-828 (USMC Stavold) were recovered from
HATTEN, France (map sheet K-49)

The tooth chart for this Unknown has been checked against 371 forms
for all unresolved casualties on Map Sheet K-49 with negative results.
Particular attention was given to the unresolved casualties in the vicinity
of HATTEN. A thorough investigation has been conducted in an effort
to associate these remains by other means with all available information
in this headquarters but no association could be made.

In view of the negative results of the investigation, it is recommended
that this case be declared UNIDENTIFIABLE.



Jack HUFF
Investigator

25 May 1950.

MM

USMC, ST. AVOLD, FRANCE
Plot A, Row 26, Grave 41
Date reburied: 4 Jan 49

DISINTERMENT DIRECTIVE

PLOTTED BY V M JERLY

1

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED
DONALD H TACKETT
1st Lt QMC

DIRECTIVE NUMBER
3574 00000

DATE
15 06 48
DAY MONTH YEAR

NAME
UNKNOWN X - 000828

SERIAL NUMBER
RANK
ARM

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
ST AVOLD - METZ

DISPOSITION OF REMAINS
3503 80
CODE DIST. PT.

PLOT ROW GRAVE
YY 8 85

COUNTRY
FRANCE

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
ST. AVOLD, FRANCE

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

SEE ATTACHED WORK SHEET

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET
DATE BY

CASKET SEALED BY
Forrest L Brown, Embalmer

EMBALMER (Signature)
Forrest L Brown

CASKET BOXED AND MARKED
27 Sept 48 Forrest L Brown, Embalmer
DATE BY

SHIPPING ADDRESS VERIFIED BY All markings, tags and plates verified by
Franklin J St Clair, 1st Lt Inf

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Franklin J St Clair, 1st Lt Inf
7057 AGRC Zone 3 Hq
SIGNATURE OF GRS INSPECTOR

DATE APPROPRIATED
11 1948
NAME
R & B DR.

1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER		DATE			
NAME				SERIAL NUMBER		RANK	ARM	DATE OF DEATH	
UNKNOWN X-000828				X-000828			O	DAY MONTH YEAR	
CEMETERY								DISPOSITION OF REMAINS	
PLOT ROW GRAVE COUNTRY								CODE DIST. PT.	
YY 8 85 ST AVOLD FRANCE								CAUSE OF DEATH	

SECTION B — CONSIGNEE AND NEXT OF KIN	
NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION				
NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN X-000828			Est 15 an 45	9 Apr 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION GRS	RELIGION Unk	IDENTIFICATION VERIFIED BY Forrest L. Brown, Embalmer NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT	
NATURE OF BURIAL Mattress cover.	CONDITION OF REMAINS Disarticulated. Skull, left Ulna, Radius, right & left Femur all fractured. Mandible, left Clavicle, right & left Tibia, & Fibula, all missing. Small amount of flesh in advanced stage of decomposition.
OTHER MEANS OF IDENTIFICATION None	

MINOR DISCREPANCIES /
No Report of Burial found with remains.

REMAINS PREPARED AND PLACED IN CASKET
DATE 13 Apr 48 BY Forrest L. Brown, Embalmer

CASKET SEALED BY Forrest L. Brown, Embalmer	EMBALMER (Signature) <i>Forrest L. Brown</i> Forrest L. Brown, Embalmer
--	---

CASKET BOXED AND MARKED	SEARCHED, INDEXED, SERIALIZED, FILED, MARKINGS, TAGS AND PLATES, VERIFIED BY <i>Marshall C. Dickinson</i> Marshall C. Dickinson, 1st Lt FA.
-------------------------	---

DATE 13 Apr 48 BY Forrest L. Brown, Embalmer
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Marshall C. Dickinson
MARSHALL C. DICKINSON, 1st Lt FA, 337 QM Bn.
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORDS NOTATED
DATE
NAME *Shiff*
S & B BR.

Am

293 Unk. *Frankie* #828 (St. Avoild)

293 ✓

(Basic ltr Hq, QMGMU 293 dtd 8 September 1947, sub: Report of Burial)

RRE 293.8 (St-Avoild)

1st Ind.

Hq, American Graves Registration Command, European Area, APO 58, US Army,
18 September 1947.

TO: The Quartermaster General, Washington 25, D.C.

Basic communication will be complied with.

FOR THE COMMANDING GENERAL:



ROBERT A SALVADOR

Capt., Inf

Actg Asst Adj Gen

[Handwritten marks]

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON 25, D. C.

IN REPLY REFER TO

CMGMI 293

Unknown X-828
(St. Avold) France

8 September 1947

SUBJECT: Report of Burial

TO : Commanding General
American Graves Registration Command
European Area
APO 58, c/o Postmaster
New York, New York

1. Reference is made to Report of Burial for Unknown American X-828, St. Avold, France, Plot YY, Row 8, Grave 85.

2. It is requested that the remains interred in subject grave be examined in the presence of a medical officer, and Check List and Tooth Chart be accomplished and submitted to this office, together with any information which may aid in establishing the identity of the remains for Unknown X-828.

FOR THE QUARTERMASTER GENERAL:

James C. MacFarland
JAMES C. MacFARLAND
Major, QMC
Memorial Division

THIS IS RECORDED
O. O. W. G.
225 2 10 21 1947

CMGMI 293
Unknown I-828
(St. Avold) France

8 September 1947

SUBJECT: Report of Burial

TO : Commanding General
American Graves Registration Command
European Area
APO 58, c/o Postmaster
New York, New York

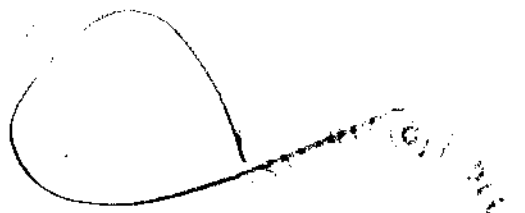
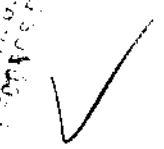
1. Reference is made to Report of Burial for Unknown American I-828, St. Avold, France, Plot YY, Row 8, Grave 85.

2. It is requested that the remains interred in subject grave be exhumed in the presence of a medical officer, and Check List and Teeth Chart be accomplished and submitted to this office, together with any information which may aid in establishing the identity of the remains for Unknown I-828.

FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFARLAND
Major, QMC
Memorial Division

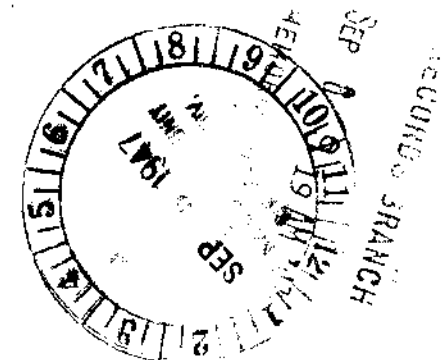
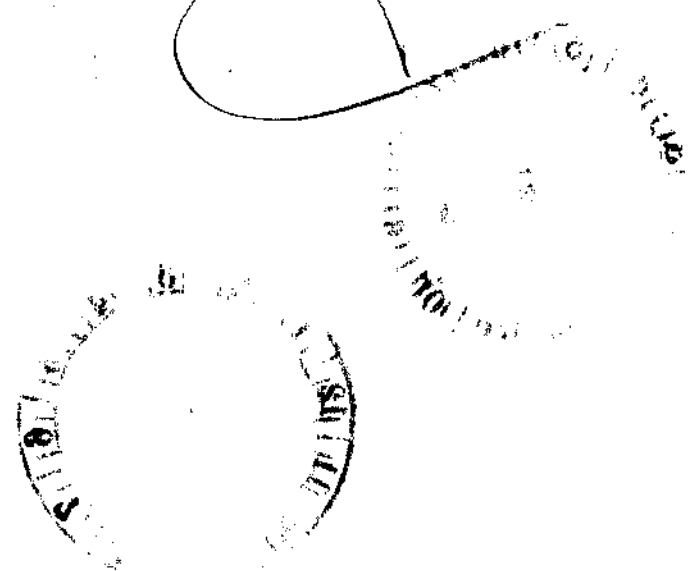
Handwritten: Sep 8 1947
D.C.M.G.
MacFarland



tmd

Handwritten initials: sk

Handwritten initials: EJS



AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWNNS

(to be completely filled out and attached to each copy of Report of Interment
WD QMC Form 1042)

Unknown X -828
Cemetery St. Avold, France
Plot YY Row 8 Grave 85

- Reprocessed** 5/11/46
1. ~~XXXXXXXXXX~~ (hour) (date)
2. Place of death (name of closest town) (coordinates and letter Prefex, maps)
(Sheet, scale and serials used)
3. Remains ~~recovered~~ disinterred by Central Identification Point, Strasbourg, France
(name and organization)
4. Evacuated to Cemetery by (name and organization)
5. **Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).**

	Clothing	Indicate unusual markings
	Markings	Sizes Color wear, tear, repairs, etc.

Item

*Headgear none
(type)

Raincoat none

Overcoat none

Jacket, Field none

Jacket, Combat none

Mackinaw none

Sweater none

Jacket, HBT none

*Shirt, Wool OD none

Undershirt, Wool none

Undershirt, Cotton none

Trousers HBT none

*Trousers, Wool OD none

Incl #1

Belt, Web **none**

Drawers, Wool **none**

Drawers, Cotton **none**

Leggins, Wool **none** (Note unusual lacing)

Socks, Cotton **none**

*Shoes **none** (type)

Overshoes **none**

Web Equipment **none** (Type)

(Other item) **none**

(Other item) **none**

*If body is nude, sizes of these items should be computed by measuring the remains.

6. Chevrons or
 Insignia **none** (type & location : shirt, jacket, coat, helmet)

Shoulder Patch **none**

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces.

UTD

8. Description of Remains :

Age **UTD** Height ^{Est} **6'1"** Weight **UTD** Description of wounds **UTD**

Bandages or dressings **UTD** Scars **UTD** (length, width, location)

Tattoos **UTD** (Number, location — illustrate on sep, page)

Outstanding moles, warts or birthmarks **UTD** (yes-no ; description, location)

Sunburn or tan, other than hands & face **UTD**

Complexion **UTD** (light, med. dark, clear, pimples, poeks, freckles)

Build **UTD** (large, fat, thin, muscular)

Hair **none found** (color, length, quantity, curly, wavy, straight, whorls, or definite parting).

Hair **UTD** (baldness, widows peak, distinctive cutting or other characteristics)

Sideburns **UTD** Mustache **UTD** Beard or **UTD**
 (color, setting, shape) (color, size, shape) (length, heavy)

Goatee **UTD**
 (light, color, extent)

Eyes **UTD** Eyebrows **UTD**
 (color, setting, shape) (color, bushiness, extent across nose)

Nose **UTD** Ears **UTD**
 (size, shape, straight) (size, set close to or far from head)

Mouth **UTD** Lips **UTD**
 (large, medium, small) (small large, full)

Teeth **see tooth chart**
 (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin **missing**
 (prominent, receding, pointed, dimple, double)

Jaw **missing** Circumference of head in inches
 (large, small, normal) (hat band)

Neck **UTD** Larynx **UTD**
 (size, length, short, normal, wrinkled) (prominent, normal)

Shoulders **UTD** Arms **UTD**
 (broad, straight, small, rounded) (length, muscular, color)

.....
 (extent and quantity of hair)

Hands **UTD**

Fingers **UTD**
 (short, thick, long, slender, size of knuckles, missing fingers or joints)

.....
 (Unusual characteristics of fingernails)

Chest **UTD**
 (size of nipples, color, quantity & extent of hair, large, small normal)

Back **UTD** Navel **UTD**
 (quantity & extent of hair) (size of navel, appendectomy, amount)

.....
 (quantity & color of hair) Circumcision **UTD** Pubic hair **none found**
 (yes-no) (color)

Hernioplasty **UTD**
 (yes-no; location)

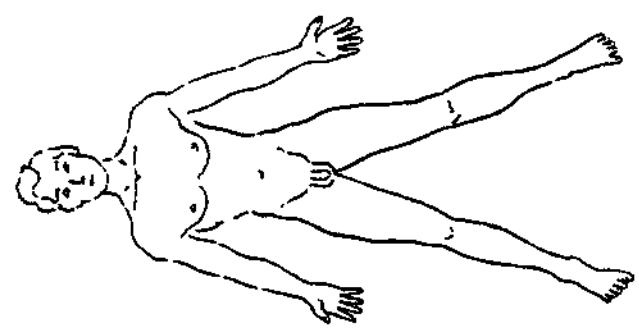
Legs **UTD**
 (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet **missing**
(size, corns, callouses, flat)

Toes **missing**
(slender, straight, crooked, overlap)

Evidence of healed fractures **none**
(nose, arms, legs, etc.)

9. Black out parts of body not received at cemetery : **See attached chart**



10. Have fingerprints been placed on Report of Interment **no**
(yes-no)

If not, explain **missing**

11. Has tooth chart been prepared **yes** If not, explain...
(yes-no)

12. Remarks : **Remains recovered in last stage of decomposition. X-Rayed results negative. Est. weight of remains 25 lbs. Burial bottle with remains. Partial Denture in P.E. bag with papers. Held at C.I.P. for further disposition. Chemical Lab. Examination: Negative.**

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

Robert A. Salvador
ROBERT A. SALVADOR
Officer's Name

Capt. Inf.
Rank Service

Central Identification Point.
Organization

X-288

St. Avoird, France
Plot YY, Row 8, Grave 85



TOOTH CHART

5/11/46

Date

Unknown X-828, St. Avoild, France.

Plot YY, Row 8, EDIVE 85

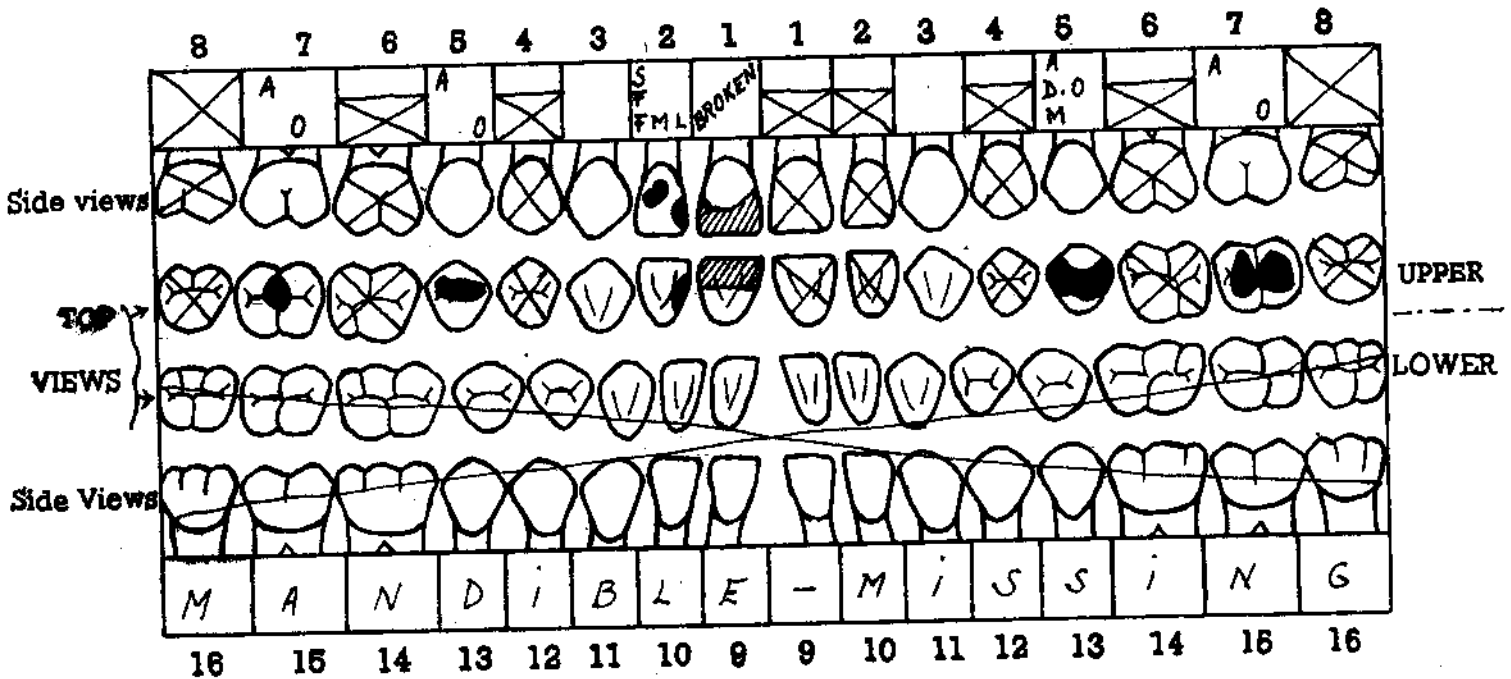
Place of Death

Date of Death

Cause of Death

Right

Left



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

Harold D. Wheeler

Signature of Officer or other person who prepared Tooth chart

Robert A. Salvador, Capt. Inf. CIP.

Verified by G. R. C. Officer

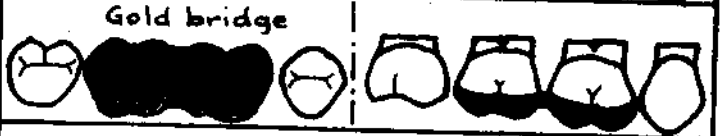
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



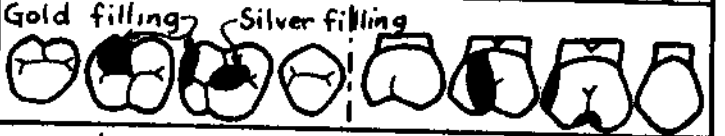
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



CARIES (CAVITIES). Outline location and size of cavity, shade in thus :



DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

ADDITIONAL SPACE FOR FURTHER REMARKS

Medium, white teeth.
 Missing before death : R-4, R-6, R-8; L-1, L-2, L-4, L-6, L-8.
 Mandible and teeth not found.
 Teeth ~~xxx~~ irregular.
 Brown lingual stains.
 L-3 : mesial version
 R-4, R-6 and L-1, L-2, L-4, L-6 replaced by a pink acrylic.
 Partial denture clasped to R-5 and L-5 with white gold clasps.

REPORT OF BURIAL

Reburied 15 1945

TM 10-630 AND AR 30-1815

Date

Unknown American X-228 (2100 330) 11 07227

Last Name First Initial Rank Serial No.

Unknown Unknown Unknown

Vic. Hatten, France P 180 W30 Date: 15 Jan. 1945 Cause of Death: Body severely burned. Ft. dist. and both legs above knee.

Time and Date of Burial: 0930-17-45- Name of Cemetery: U.S. Army, Geny St. Avold, France Name or Coordinates of Location: -260134

Grave Number: 05 Row Number: 8 Plot Number: 517 Type of Marker: Cross

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No

If No Identification Tags

How were remains identified?

REBURIAL

What means of identification were buried with the body?

Previously buried in Benchoim Cemetery

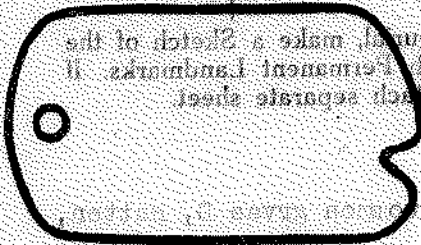
Plot 0 Row 8 Grave 517

To determine Right or Left use Deceased's Right and Left

Who is buried on:
Deceased's Right: Beginning of Row

Deceased's Left: Shirley, Robert R O-1052566 2nd Lt. 315 Inf. 86

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial:
Sgt. J. Peterson 606th M.G.R. Co.



If print of identification tag is not affixed fill in below:

Emergency Address

Address

Religion Unknown

Name

Address

X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X

List only Personal Effects Found on Body and disposition of same:

Diainterring Officer

Robert F. Kerhan
Signature of Officer or other person reporting burial

ROBERT F. KERHAN 1st Lt., 43rd M.G.R.

REINTEGRATING OFFICER

G.L. MORNE

[Signature]
Verified by G.R.S. Officer

610 M.G.R. CO.

REPORT OF BURIAL

FM 10-43 AND AF 10-112

IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height: _____ Laundry Marks: _____
 Est. Weight: 100 lbs. Number of Rifle: _____
 Color of Eyes: _____ Wear Glasses? _____
 Color of Hair: _____ Is Tooth Chart Attached? _____
 Race: _____

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate and describe any scars, birthmarks, moles, deformities, etc.

Impossible to fingerprint - Body Badly Burned

Tooth Chart taken by Sgt. Bowen

48th Central Postal Dir.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

Left Hand

4	
3	
2	
1	
Thumb	

Right Hand

4	
3	
2	
1	
Thumb	

TOOTH CHART

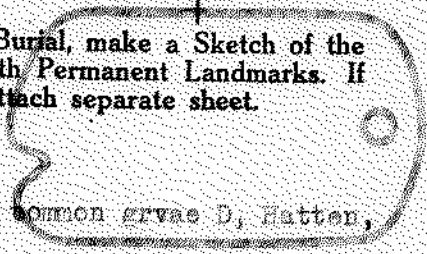
Deceased's Right	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	X															
Deceased's Left	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper																
Lower																

Indicate missing natural teeth by X; crowns by O; fillings by □
 Bridges by ∩ linking anchor teeth; replacements by artificial teeth

Characteristics: _____

Other Data: _____

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.



Disinterred from Common grave D, Hatten, France R 180-830

REBURIAL

GRAVES REGISTRATION FORM NO. 1 (Revised 1 Sept. 1943)

REPORT OF BURIAL

May 1945

Unknown American X-21 (R 180 330)

Last Name: Unknown

First Name: Unknown

Initial: Unknown

Rank: Unknown

Serial No. Unknown

Vic. Hatten

France R 180 330

15 January 1945

both legs above knee, Body Severely Burned

1010 hrs. 6 April 1945

U. S. Mill Cem. Bensheim, Germany

M 622 218

Cause of Death: FCC, Lt. Wrist

Grave Number: 517

Row Number: 9

Plot Number: 9

Type of Marker: T. W.

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No

If No Identification Tags How were remains identified? SEE REVERSE

What means of identification were buried with the body?

QMC Form 1-GRS in sealed bottle buried with body

To determine Right or Left use Deceased's Right and Left.

Who is buried on Deceased's Right:

Beginning of Row

Name	Serial No.	Rank	Organization	Grave No.
Shirley, Robert R.	0-1052566	2nd Lt.	315 Inf.	518

Deceased's Left:

Name	Serial No.	Rank	Organization	Grave No.

Signature of Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



If print of identification tag is not affixed fill in below:

Emergency Addressee

Address

Religion: Unknown

List only Personal Effects Found on Body and disposition of same:

None

Signature of Officer or other person reporting burial

Verified by G. R. S. Officer

F. J. REARDON, 1st Lt., QMC 301st QM G. R. Co.

1266

IN DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands, If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following :

Height: _____ Laundry Marks: _____
 Est. Weight: 100 lbs Number of Rifle: _____
 Color of Eyes: _____ Wear Glasses? _____
 Color of Hair: _____ Is Tooth Chart Attached? _____
 Race: _____

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Impossible to fingerprint - Badly Burned
 Tooth Chart taken by Sgt. Bowman
 46th QM G. R. Co.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.

4			
3	2	1	1
2	1	1	1
1	1	1	1
Thumb	Thumb	Thumb	Thumb

TOOTH CHART

Deceased's Right	X	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	X	
	Deceased's Left	X	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	X
	Upper																		Lower

Indicate : missing natural teeth by X; crowns by O; fillings by □; Bridges by ◻ linking anchor teeth; replacements by artificial teeth X.

Characteristics : _____
 Other Data : Anchor Teeth Rt #5, Lt #5

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

Disinterred from Common Grave D, Hatten,
 France R 180 830

X-888
In Reply Refer to
QMGOD 332.3
Kansas City

DEPARTMENT OF THE ARMY
Office of the Quartermaster General
Washington 25, D. C.

5 September 1951

SUBJECT: World War II Unknowns

TO: Chief, Army Effects Bureau

1. As a result of a survey recently conducted at the Army Effects Bureau by a representative of the Memorial Division, it was found that there are approximately 200 cases of World War II Unknowns for whom personal effects are stored at the Bureau. All information pertinent to identification has been extracted from these effects and a complete inventory has been furnished the Identification Branch of all such effects.

2. Since the World War II Unknown personal effects will be of no further value to the Memorial Division for identification purposes, authority is hereby delegated to the Chief, Army Effects Bureau, to render administrative determinations on disposition of personal effects for World War II Unknowns.

3. A certificate signed by the Chief, indicating reasons for disposal of the property will be placed in the case folder and the case closed.

BY COMMAND OF MAJOR GENERAL FELDMAN:

/s/ C. J. Harrold
/t/ C. J. HARROLD
Colonel, QMC
Chief, Field Service Division

Date 10 Nov 51

This is to certify that an administrative decision has been made to destroy
the property in this case for the following reasons:

Sold for identification purposes. Unrepresentative to
forward to WPK.

H. V. HAWES
Major, QMC
Effects Quartermaster

EFF OM FORM 28 JUNE 45					37 EXPEDITE MEMO - TO WAREHOUSE DIVISION				
DATE			PRIORITY		CASE NO.				
14 June 1950					881087				
NAME (on tally)									
Unk. #1595 (X-828, St. Avoird, France)									
A. S. N.			RANK		STATUS				
TALLY NO.		BAY	PALLET		BOX		TYPE CONTAINER		
WHSE. LOCATION				DST INVENTORY			REQUESTED BY		APPROVED BY
				NS					
<input type="checkbox"/>	COMPLETE INVENTORY								
<input type="checkbox"/>	TRANSMITTAL INVENTORY								
<input type="checkbox"/>	CLEAN BLOOD STAINED ITEMS								
<input type="checkbox"/>	ATTACH ALL PAPERS								
<input type="checkbox"/>	CHECK FOR ADDITIONAL INFORMATION								
<input type="checkbox"/>	DO NOT LAUNDRER OR CLEAN								
<input type="checkbox"/>	LAUNDRER AND CLEAN IF NECESSARY								
<input type="checkbox"/>	DETERMINE IF OWNER IS								
<input type="checkbox"/>	FLAG TALLY IN								
SHIP TO		NAME							
SHIP TO		ADDRESS							
REMARKS: ADM. DIV. Please restore denture in "Held in storage." Denture recovered from salvage.									
REMARKS: WHSE. DIV. <i>Denture returned to "Held in storage"</i>									
<i>14 Quervo</i>									

10/15/47

ATTACHMENTS		EFFECTS INVENTORY ARMY EFFECTS BUREAU	STATUS	
<input checked="" type="checkbox"/>	INBOUND INVENTORY		DECEASED	
	G. R. OR SUB GR LABEL		MISSING	
	WILL OR POWER OF ATTY.		P. O. W.	
	TALLY IN FORM 43		ABANDONED	
		UNKNOWN		

BAGS, CLOTH OR TRAVEL	BELT	OVERCOATS	<i>No other effects received</i>
BELT, MONEY (NO MONEY)	BOOKS, ADDRESS	PAPERS, PERSONAL	
BILLFOLD (NO MONEY)	BOOKS, PILOT LOG	PENCIL, MECHANICAL	
BOOKS	BRUSHES	PEN, FOUNTAIN	
BRACELET, IDENT.	CASE	PHOTOS	
CAMERAS	CLOTH, WASH	PIPES	
CLOTHING	COATS	RINGS	
MISC. ARTICLES	FOOTLOCKER	SCARFS	
RELIGIOUS ARTICLES	FOOTWEAR, PR.	SHIRTS	
RIBBONS, DECORATION	GLASSES	SOCKS, PR.	
SHORT SNORTER	GLOVES, PR.	STATIONERY	
SOUVENIR MONEY	HANDKERCHIEFS	TIES	
SOUVENIRS	HEADWEAR	TOBACCO	
TESTAMENTS	JACKETS	TOILET ARTICLES	
TOWELS & WASHCLOTHS	KITS	TOWELS	
U. S. MONEY (AMOUNT)	KNIVES	TROUSERS, PR.	
WATCH	LETTERS	TRUNKS, PR.	
WINGS	LIGHTERS	UNDERWEAR	

CONTAINERS ADDRESSED TO <i>None</i>	INFORMATION <i>None</i>
NAME AND STATUS VARIATIONS <i>#43 shows serial #649.</i>	CROSS REFERENCE

CHECK	REC'D BY	NUMBER	BUREAU CHECK
MONEY ORDER		SYMBOL	TRANSMIT ORIGINAL
BOND		AMOUNT	ORIG. REG. MAIL
TRAV. CHECK		DATE	TO G. A. O.
FOREIGN CURRENCY		BANK OR PLACE OF ISSUE	MUTILATED
U. S. CURRENCY		PAYEE	TO ISSUING AGENCY
		REMITTER OR DRAWER	

TALLY NO. <i>7815</i>	ORIG. NO. OF PKGS.	EXAMINING DATE <i>14 Oct. 47.</i>	BOX NO.	SHEET OF _____ SHEETS
NAME <i>UNKNOWN # 1595</i>			A. S. N.	
ORGANIZATION			RANK	CASE NO. <i>881087</i>
WAREHOUSE SPACE	EXAMINED BY <i>Probst</i>	DIARY REMOVED		
PACKAGE DESCRIPTION	PACKED BY	PHOTO FILM REMOVED		
	INSPECTED BY	MOTION PICTURE FILM REMOVED		
	STORED BY	SHIPPED		
WEIGHT		DATE	BY WHQM	

Probst

ADDITIONAL REMARKS

REMOVALS (other than G. I.)

DAMAGES (List type of damage-extent)

1 partial plate sent to
11th floor tower

SHORTAGES

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

I certify that the above items were not in the containers inventoried by me.

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

DENTURE

X-828

Serial No. X-828 Name

Grade Rank

Organization

Address

Nearest Relative

Address

Killed in Action Died of Disease

Date Hospital

Battle Area Information

Place of Burial St. Avold

Point of Coordination

Description of Body

Members Missing

Signed

UNID. #649, UNK X-828		TALLY 7815		TYPE GRB
DAY	PALLET	BOX		

9/2/47 D
Bay Ridge, NY

Central Identification Laboratory
American Graves Registration Command, 849 QM Bn.
APO 124 US Army

881087

12 november 1946

Chem. Laboratory Case # 541.

Other designations:

Evacuation #
Unknown # X-828 (St. Avoird.)

Inventory of Effects:

One denture.

Laboratory Findings:

Negative.


Roland A. Korba
Identification tech.

NOTE : Not considered as personal effects
to be entered on Inventory Form 26
Sent in after processing by our
laboratory for possible means of

Case 881087

MEM/ELR/bj
11 March 1948

MEMO FOR FILE:

X-828, St. Avoird, France

Included on Report No. 6 processed by Identification Section,
Office of the Quartermaster General on 18 November 1947.

Paragraph checked as follows indicates data received from OQMG:

() It was reported by the Office of the Quartermaster General
that X _____
was identified as _____

(x) It was reported by the Office of the Quartermaster General
that X-828, St. Avoird, France
_____ was UNDER INVESTIGATION.

ACTION TAKEN BY ARMY EFFECTS BUREAU CHECKED BELOW:

- () Case _____ cancelled and combined with case _____.
- (x) No effects in Warehouse storage--case completed.
- () Effects in Warehouse storage will be held pending report of
identification from OQMG. Case suspended six months.


E. Richter